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READINESS FOR HOUSEMANSHIP: A VIEW FROM THE BATTLEFIELD

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INTRODUCTION

The ultimate indication of a medical graduates performance is in their being able to exhibit competencies required for safe practice by the bedside.

Feedback obtained from graduates in their internship years as well as feedback from the employers serve as indicators of performance. While 85% of our graduates completed their housemanship within 24 months, based on full registration status in the Malaysian Medical Council rolls, our intention was to obtain feedback from our working graduates on their preparedness for housemanship.

METHODOLOGY

This was a quantitative study using simple random sampling. An online, questionnaire-based survey sent to the graduates in practice at government hospitals in Malaysia.

RESULTS

A total of 41 houseman responded, 21 (51.2%) had completed their housemanship, 18 (85.7%) within the stipulated 24 months. Another 20 were in the midst of their housemanship training at that time.

The majority (33, 80.4%) of the respondents felt well prepared for their housemanship.
They were confident of

- Clerking a patient.
- Arriving at a diagnosis.
- Instituting appropriate management.
- Ensuring patient safety.

There were gaps in communication and in ability to write appropriate referrals and prescriptions.
There was also a distinct lack of confidence with clinical skills, especially

- ECG and ABG interpretation
- Suturing
- Catheterization
- Lumbar puncture
- Chest tube insertion
- Speculum examination

Of the 3 respondents who took more than 2 years to complete their housemanship only one indicated difficulties in multiple areas of the questionnaire.

Table 1. Self-reported Readiness

Clinical skills	Poor		Average		Good	
	No.	%	No.	%	No.	%
Knowledge at the institution before housemanship	2	4.9	9	22.0	30	73.2
Learning experience at the institution before housemanship	2	4.9	17	41.5	22	53.7
Enough training before housemanship	6	14.6	11	26.8	24	58.5
Ability to independently clerk patients to arrive at a diagnosis	0	0	7	17.1	34	82.9
Ability to order the right and necessary investigations	0	0	10	24.4	31	75.6
Ability to plan an effective management	0	0	12	29.3	29	70.7
Ability to prescribe appropriate medication	2	4.9	18	43.9	21	51.2
Awareness of ensuring patient safety	0	0	4	9.8	37	90.2
Ability to handle and manage complications in the discipline posted	0	0	15	36.6	26	63.4

DISCUSSION

The ultimate proof of adequate training in medical school is a houseman who is safe, competent and confident in everyday practice. Worldwide however, there is a gap in this area with young doctors expressing lack of confidence, and increased levels of stress and burnout. A recent study in Malaysia indicated that only 15% of houseman complete their housemanship in 2 years with a drop-out rate of 25% to 30% (1).

Based on our study, it appeared that our graduates appeared to be confident in areas of clerking, investigating and managing cases they saw. This was somewhat similar to findings from a similar study in Kenya. The respondents in that study also expressed difficulty with procedural skills, prescribing and resuscitation, which was also very similar to our experience (2).

In that study it appeared that their supervisors were less confident of the abilities of the young doctors under their charge. In our study it appeared that students with difficulties did not seem to be able to reflect adequately on their strengths and weaknesses. However, this was not the case in another Malaysian study of final year medical students who were more critical of their abilities than their teachers and supervisors (3).

A GMC report in 2008 about preparedness of young medical graduates concluded that “they were prepared for some aspects of practice, not all”. Challenges faced by young doctors included

The stress of having to “step up” in responsibility.

Moving from procedural skills practiced on mannequins to the “real deal”.

Lack of preparedness for skills that need to be learned on the job, i.e. managing critically ill patients, night calls and hospital policy.

The same study indicated that curriculum delivery did not result in great variance of competencies (4).

CONCLUSION

It appears that the world over, the challenges faced by young doctors are somewhat similar.

The answer to this predicament may lie in providing more real life training with emphasis on communication, prescribing and developing procedural skills under supervision.

The development of “houseman shadowing” as an integral part of training also appears to be a worthwhile strategy to improve competencies and outcomes.

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Table 2. Self-reported Clinical Skills

Clinical skills	Poor		Average		Good	
	No.	%	No.	%	No.	%
CPR	3	7.3	14	34.1	24	58.5
ECG Reading	12	29.3	12	29.3	17	41.5
Interpretation of diagnostic imaging	3	7.3	9	22.0	29	70.7
Venipunture	2	4.9	5	12.2	34	82.9
Interpretation of ABG analysis	12	29.3	12	29.3	17	41.5
Interpretation of abnormal blood investigation results	2	4.9	17	41.5	22	53.7
NG tube insertion	5	12.2	13	31.7	23	56.1
Suturing	17	41.5	12	29.3	12	29.3
Catheter insertion	9	22.0	14	34.1	14	43.9
Chest tube insertion	22	53.7	14	34.1	5	12.2
Lumbar puncture	27	65.9	8	19.5	6	14.6
Speculum insertion	9	22.0	11	26.8	21	51.2
Writing a discharge summary	8	19.5	11	26.8	22	53.7
Writing a referral letter	9	22.0	10	24.4	22	53.7
Dealing cases with ethical dilemma	2	4.9	8	19.5	31	75.6
Handling difficult patients	5	12.2	7	17.1	29	70.7
Breaking bad news	6	14.6	11	26.8	24	58.5

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